



The Rheumatic Fever Strategy: First Nations Leadership and Community-Led Action

Australian Pre-World Congress on RHD Meeting

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Aboriginal health in Aboriginal hands



NACCHO
www.naccho.org.au

What our sector looks like

We are here for the long haul

50 years+

The **ACCHO model** was developed more than 50 years ago (since the first Aboriginal medical service was established at Redfern in 1971)

~7,000 staff

of whom **54 per cent are Aboriginal or Torres Strait Islander people** (in excess of 3700), work in more than 550 clinics

Top 3

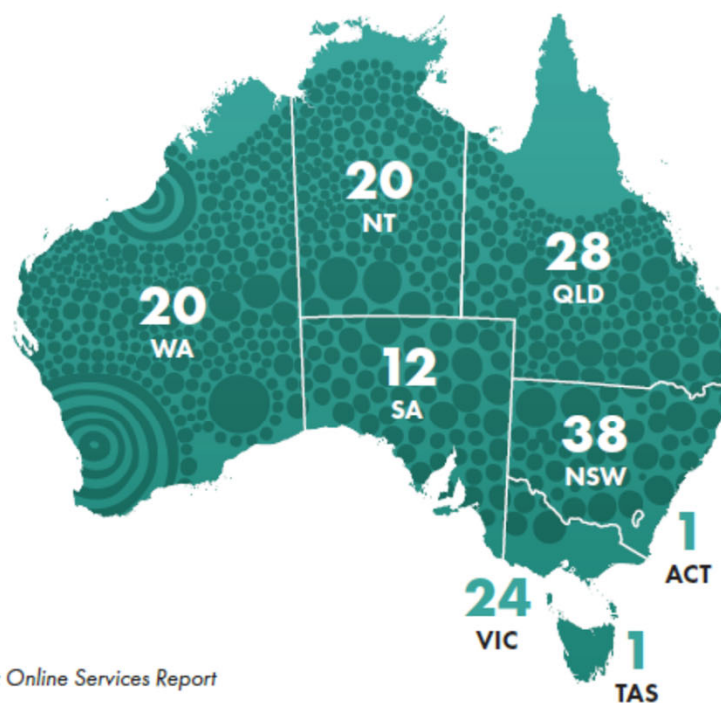
The ACCHO sector is among the top three **employers of Aboriginal and Torres Strait Islander people** in Australia.

Sources

NACCHO data; AIHW, *Aboriginal and Torres Strait Islander Health Organisations: Online Services Report*

144 members

in a national footprint



Setting the Scene

Community-Controlled activities toward ending
Rheumatic Heart Disease in Australia

“We know what needs to be done,
and we know that it can be done”.

-Pat Turner, CEO, NACCHO





Funding Investing in Community Controlled Service Delivery

Community of Practice

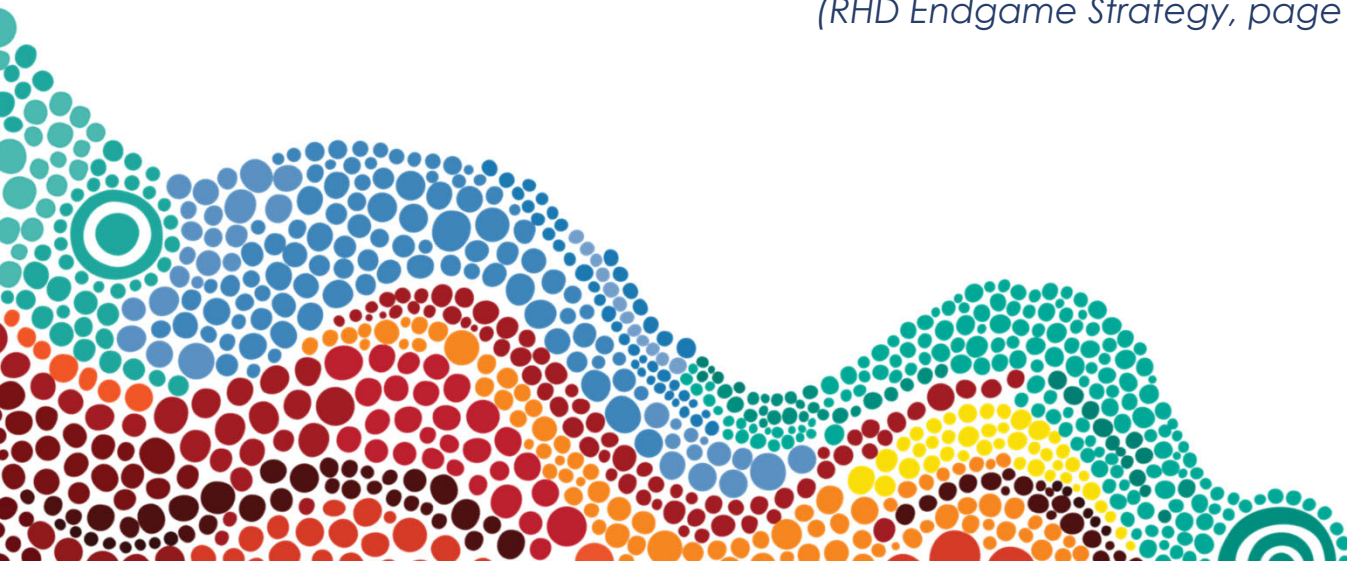
Pictured at left:
Aboriginal and Torres
Strait Islander health
care workers at
NACCHO's first national
community of practice
meeting and Echo
familiarisation workshop.



Primordial Prevention and ARF Prevention

69.2% of new cases of first ARF would be prevented by combining housing, health promotion and primary health care.

(RHD Endgame Strategy, page 290)



Secondary Prophylaxis and Whole-of-Person Care

Challenges that require structural reform



ADMINISTRATION
OF INJECTIONS



WORKFORCE
SHORTAGES



INCREASING WAIT
TIMES



COMORBIDITIES



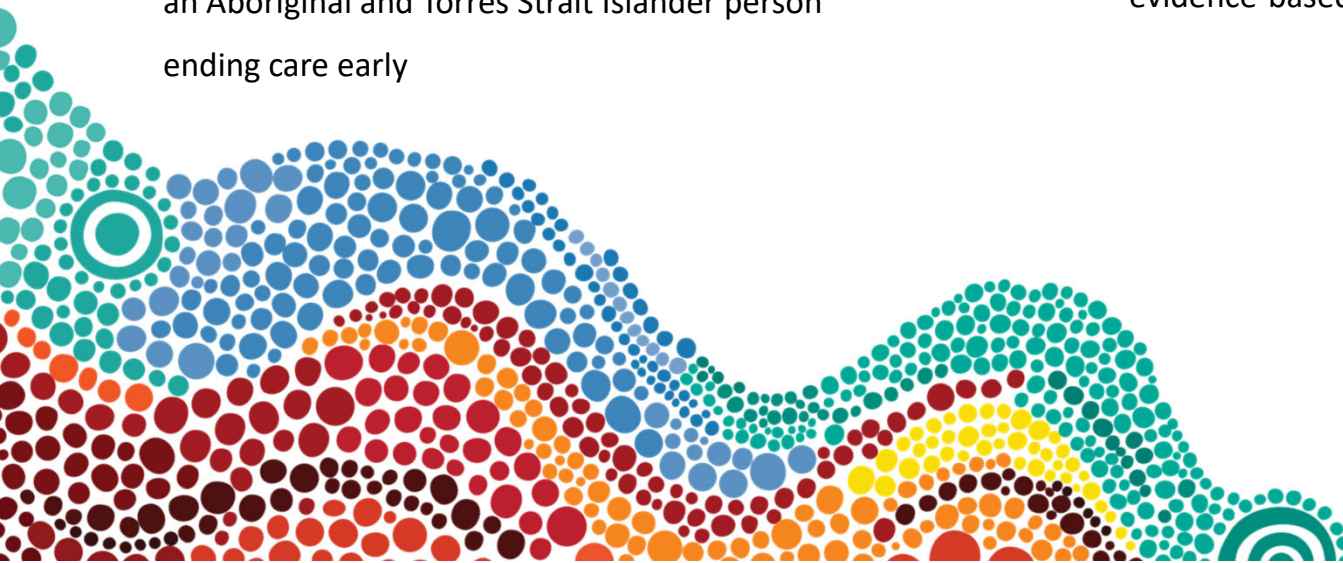
RHD Care and Treatment in Hospitals

Cultural Safety in Hospital Settings

- In an average year, there are **125** admissions for RHD-related cardiothoracic surgery across QLD, WA, SA and NT combined
- **One in every 25** hospital admissions ends with an Aboriginal and Torres Strait Islander person ending care early

Care for Pregnant Women

- Estimate about **100** pregnancies with Aboriginal or Torres Strait Islander women with RHD each year
- A properly resourced multidisciplinary team in primary health care will provide holistic and evidence-based care



ARF and RHD

Dr Lorraine Anderson
Medical Director
Kimberley Aboriginal Medical
Services



ACCHS Model of Care

The Aboriginal Community Controlled Health Services (ACCHS) Model of Care is underpinned by eight determinants that are essential for the wellbeing of Aboriginal and Torres Strait Islander People and their Communities.

Definition of Health



Community Engagement

Involving local community members in service delivery enables the Practice to engage clients in appropriate healthcare. Aboriginal people must be included in leadership positions and decision making processes.

Multi-disciplinary Team Approach

Utilising the skills and knowledge of a variety of healthcare professionals allows for the complex care needs of clients to be met.

Aboriginal Workforce

An Aboriginal workforce delivering primary healthcare ensures a culturally safe environment.

Roles include: Aboriginal Health Workers/ Practitioners and other Health Professionals, Transport Drivers, Health Promotion Officers, Liaison Officers, Practice Managers, SESW Workers, Receptionists, and Environmental Health Workers

Cultural Safety

It's important for clients to feel safe, welcome, and empowered.

This can include: Aboriginal staff - familiar faces, Family environment, Layout of clinic, Longer appointments, Use of local artwork/posters, Communication style, Service is holistic addressing the social determinants of health, Respect for cultural protocols



AHCWA

AHCWA aims to promote and strengthen the ACCHS model of care. A model that is built around the delivery of comprehensive, holistic and culturally secure primary health care services.

Community

Family

Culture

Spiritual

Language

Country

Emotional

Community

Physical



NACCHO
National Aboriginal Community
Controlled Health Organisation





Aboriginal Community Controlled Health Organisations (ACCHOs) came into being because of the inability of mainstream health services to effectively engage Aboriginal communities with their services.

The National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak body for all ACCHOs, defines Aboriginal community control in health services as:
'a process which allows the local Aboriginal





Nirrumbuk
Environmental
Health and
Services

Links with Environmental Health



92% of ARF occurs in Aboriginal and Torres Strait Islander people
Aboriginal and Torres Strait Islander people are 15x more likely to contract ARF

For example –

- Reduce over-crowding in housing.
- Upgrade Community facilities.
- Laundry facilities to assist with clean clothing, bedding.
- Clean and functioning ablution blocks.



The WHO lists the following as social determinants which can influence health equity in positive and negative ways

Housing, basic amenities and the environment

- income and social protection
- education
- unemployment and job insecurity
- working life conditions
- food insecurity
- early childhood development
- social inclusion and non-discrimination
- structural conflict
- access to affordable health services of decent quality (WHO 2022).



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